

City of Tempe Police Department

Recruit Applicant Background Questionnaire

Read this questionnaire carefully, fill it out completely, and have it notarized on the Release of Information page.

Please type or print in black ink. If the space allowed for answering a question is insufficient, the answer should be supplemented on the Continuation Sheet.

Do not leave any question unanswered. If the question does not apply to you, simply write or type "DNA" in the space provided. All questions must be answered before the questionnaire can be processed.

The information you provide in this questionnaire will be verified on the polygraph examination. Any misstatements or omissions of the material facts will cause your disqualification as a police employee. It is also a criminal offense to falsify this document.

In addition to completing this questionnaire, you must **attach a recent photo** of yourself in the space provided. The photograph should be taken from the front with face exposure.

Your signature certifies that you have read and understand these instructions.

Applicant's Signature

**YOUR
PHOTO
MUST BE
ATTACHED**



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704, §13-2907.01 AND §39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. AZ POST does not disclose Social Security Numbers in response to public record requests.

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the continuation sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This _____ **Day of** _____, _____

By:

State of:

County of:

Signature of Notary Public:



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle):

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth** (Month/Day/Year):

6. **Place of Birth** (City, State):

7. **Social Security Number:**

8. **List here any other names, DOB's or SSN's you have used:**

9. **Current Marital Status:**

10. **Spouse's Name Before Marriage:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number:**

14. **Are you a citizen of the United States?** YES ☒ NO ☒ PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.

15. **Do you have** (Check One) ☒ G.E.D. Certificate ☒ High School Diploma
Please attach a copy of one of the above.

16. **When and where did you receive it?**

17. **MILITARY SERVICE:** YES ☒ NO ☒ If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____

Honorable Discharge: YES ☒ NO ☒ _____

If NO list type of discharge/separation and explain on the Continuation Sheet.

Date Entered: _____

Date Separated: _____

Were you ever arrested, cited or apprehended by military police?

YES ☒ NO ☒ If YES explain on the Continuation Sheet.

Are you currently a member of a U.S. Reserve or National Guard Unit?

YES ☒ NO ☒ If YES list current assignment:

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

YES ☒ NO ☒ If YES explain on the Continuation Sheet.

Did you ever receive a court martial or Non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES ☒ NO ☒
If YES explain on the Continuation Sheet.

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

U.S. Citizen (Documentation in File)

High School Diploma/GED (Documentation in File)

21 Years of Age

Military Service if applicable (Documentation in File)

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:		INITIALS:	DATE:	INITIALS:
Personal References Contacted and Results Documented			Residences and Family References Listed	

21. EMPLOYMENT HISTORY: Show all employment beginning with most recent employer. Use the Employment History Continuation Attachment if necessary.					
Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED Beginning with the most recent:			
School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. RESIDENCES: List all residences during the past five years. Use the Continuation Sheet if necessary.				
From	To	Street Address	City	State/County

AGENCY VERIFICATION:		INITIALS:	DATE:	INITIALS:
Employment Verified and Results Documented			Certificates or Degrees, Documentation in File	
Residences Verified and Results Documented in File				

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE:**

State: _____ Expiration Date: _____

License Number: _____

27. **PREVIOUS DRIVER'S LICENSE INFORMATION**

List all states/countries where you have been licensed:

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?**

YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="radio"/> NO <input type="radio"/>	
			YES <input type="radio"/> NO <input type="radio"/>	
			YES <input type="radio"/> NO <input type="radio"/>	
			YES <input type="radio"/> NO <input type="radio"/>	
			YES <input type="radio"/> NO <input type="radio"/>	
			YES <input type="radio"/> NO <input type="radio"/>	

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Police Contacts Queried and Results Documented in Files

Civil Actions Queried and Results Documented in Files

Motor Vehicle Records Queried and Results Documented in File

30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:						
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STERIODS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, **PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET.** INCLUDE, IF APPLICABLE, THE FOLLOWING:

a. How the drug was ingested or consumed,	d. How the drug was obtained,
b. The duration of usage,	e. Why you stopped using the drug,
c. The motivation for use,	f. Any other factors you believe are relevant.

32. **CRIMINAL CONDUCT:**

a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?
If YES provide a full explanation on the Continuation Sheet.

YES ☐ NO ☐

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet.

YES ☐ NO ☐

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes No		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other states?				YES G	NO G
If YES provide the following information: Name of Agency	Dates of Employment		City	State	
	From	To			

a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.

b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason?
If YES provide a full explanation on the Continuation Sheet.

YES **G** NO **G**

c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet.

YES **G** NO **G**

d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion.

YES **G** NO **G**

36. Have you applied with any other law enforcement agencies in the past three years?				YES G	NO G
If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?			
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		
		YES G	NO G		

37. CERTIFICATION:

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

SIGNATURE OF APPLICANT: _____ DATE: _____

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted - FBI	

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. Application Process Terminated		
Reason for Disqualification:		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards.		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file and no record found.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed.		
Polygraph completed and report in file and applicant failed.		
Applicant meets all requirements and may be employed.		
Applicant does not meet all requirements. Application Process Terminated		
Reason for Disqualification:		
<p>AGENCY CERTIFICATION:</p> <p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p> <p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p> <p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>		

Employment History Continuation Attachment (page 1)

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name & Phone Number	Job Title/Duties	Reason for Leaving
From	To				

Employment History Continuation Attachment (page 2)

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name & Phone Number	Job Title/Duties	Reason for Leaving
From	To				

Disclosure of Intention to Obtain a Consumer Report for Employment Purposes

In accordance with the Fair Credit Reporting Act, section 604(b)(2)(A), the Tempe Police Department may obtain a consumer report on all individuals who apply for new employment or current employees for retention or promotion.

Applicant Signature

Date

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department and/or Arizona Post will automatically disqualify any individual who has at any time:

- Been convicted of a felony or any offense that would be a felony if committed in Arizona.
- Been dishonorably discharged from the United States armed forces.
- Been previously denied certified status or has his or her current certified status revoked or under suspension.
- Illegally sold, produced, cultivated, or transported marijuana for sale.
- Illegally used marijuana for any purpose within the past three years.
- Illegally used marijuana, dangerous drugs or narcotics other than for experimentation. The use of an illegal drug is presumed to be not for experimentation if:
 1. The use of marijuana exceeds a total of 20 times or exceeds 5 times since the age of 21 years.
 2. The use of dangerous drugs or narcotics, other than marijuana, exceeds a total of 5 times, or exceeds 1 time since the age of 21 years.
- Illegally used marijuana while employed or appointed as a peace officer.
- Illegally sold, produced, cultivated, or transported for sale any dangerous drugs or narcotics, other than marijuana.
- Illegally used dangerous drugs or narcotics, other than marijuana, for any purpose within the past seven years.
 1. This includes, but is not limited to:
 - a. Cocaine/crack, heroin, opium, Morphine, LSD/acid, methamphetamine/speed, peyote (except during religious ceremonies), mescaline, or derivatives thereof.
- Illegally used dangerous drugs or narcotics while employed or appointed as a peace officer.
- Had a pattern of abusing prescription medication.
- Convicted of or adjudged to have violated traffic regulations governing the movement of vehicles with such a frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons on the highway within the past three years.
- Been previously employed as a law enforcement agent and since has committed or violated federal, state, or city laws pertaining to criminal activity.
- Been convicted of any crime under a domestic violence statute.
- Lied during any stage of the hiring process.
- Falsified his or her questionnaire or application.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become a City of Tempe Police Officer:

- Unlawful sexual misconduct.
- Excessive traffic violations.
- DUI conviction or suspension of your Arizona driver's license as a result of a DUI.
- Suspension of your Arizona driver's license or driving privileges from another state.
- Commission of a felony.
- Any discharge from the United States armed forces other than an honorable discharge.
- A pattern of failing to meet financial obligations.
- Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.
- An inability to perform the essential functions of a Police Officer.
- Used or tried any narcotic or dangerous drug by injection.